

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Larry M. Johnson-Vessels, Paralegal

J. S. Application No. 10/52/840

Publication Date 15 February 2004

Publication No. WO2004/011102 A1 PCT/RO/101

International Application No. PCT CN 02/00577 Language China

Priority Info: Country CN No. 021344442 date 25 July 2002 **MORE turn over**

Abstract: ☒; Correspondence checked: ☒; Inventor Name checked: ☒

Copy in International Application: yes ☒ no ☐; Translation: yes ☐ no ☐

Copy of ISR ☒ Copy of IPER ☒

Total Claims: 13 Chargeable 3 Independent 1 multiple ☐

371 Filing Fees: 515; meets Art. 33(2)-(3) Low fee applies

Number of drawing Sheets: 1

Oath/Declaration: yes ☐ no ☒; signed ☐ unsigned ☐ defective ☐ completed ☐

Large entity fee: ☐; Small entity fee: ☒; **SME** papers: yes ☐ no ☐

Biochemical Seq. Diskette: yes ☐ no ☒ entered ☐ Biochemical Seq. Listing: yes ☐ no ☐
statement ☐ yes ☐ no ☐

Copy of ISR: with References ☐ without References ☒

Copy of IPER: yes ☒ no ☐; Annexes yes ☐ no ☐ entered ☐ not entered ☐

Preliminary Amendment(s): yes ☐ no ☒; 2nd amendment date ☐

IDS: yes ☐ no ☒ DATE: ☐ 2nd yes ☐ no ☒ DATE ☐

Request for Immediate Examination: yes ☐ no ☒

Substitute Specification: yes ☐ no ☒

Assignment: yes ☐ no ☒ forwarded to Assignment ☐

Priority Document(s): yes ☒ no ☐; Number of copies included ☐

Power of Attorney: yes ☐ no ☒

Date of 35 VSC Receipt of Request: 20 January 2005 Notes:

Date Completion VSC 371 Requirements: ☐

Notice of Missing Requirements: 09 July 2005

Notice of Defective Response: ☐

Notice of Acceptance: ☐

Notice of Abandonment: ☐

Other forms: ☐

Article 19 Amendment: yes ☐ no ☐; replaced by Article 34 Amdt. ☐

Extension of time: Number of months ☐

Petition to Revive: ☐; Petition 1.47: ☐

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REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/521840</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/>	Filing		\$ 50							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ 50								
		8 TO BE REFUNDED BY:								
		Treasury Check								
		Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> </tr> </table>		2	0	--	0	1	0	0
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10 REASON:										
<input checked="" type="checkbox"/>	Overpayment									
<input type="checkbox"/>	Duplicate Payment									
<input type="checkbox"/>	No Fee Due (Explanation):									
Rule change - 08 Dec 2004										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME:		TITLE: <u>Supervisor</u>								
SIGNATURE: <u>Perry M. Johnson</u>		PHONE: <u>703-308-9140</u>								
OFFICE: <u>DD/ED</u>		<u>X221</u>								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

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